

City of Cleveland Memorandum Frank G. Jackson, Mayor

то:	Martin L. Flask, Direct Department of Public		
FROM:	Paul Stubbs, Chief Division of Fire		
SUBJECT:	Secondary Employr	nent Request of	
	Bernard F (Employee N	rohnapple ame)	
Date: February 6, 2012			
	the attached request of consideration, I reco	to engage in Secondary Employment ommend it be	
	Approved	Disapproved	
Chief, Divis	sion of Fire	2/6/12 Date	
	/		
	Approved	Disapproved	
harts	L. Flad no	9 7 FEE 2012	
Martin L. F	lask, Director	Date	



NAME: RERNARD J. FROM RAPPLE CLASSIFIC	ATION: FGF
DEPARTMENT: SAFETY DIVISION:	FIRE
SECONDARY EMPLOYER NAME/ADDRESS/PHONE NUMBER	Bizzan al Para
BENDARY J. FROHVOGEPLE DBA 3085 WEST 155th St Clev	
216-221-9706	
TYPES OF DUTIES PERFORMED: WINDOW LE	ALACEMENT'
HOURS TO BE WORKED: 20 1445	
I am aware that in my secondary employment, the City of actions or any liability resulting therefrom, and that I must pobtain other liability insurance.	Cleveland has no responsibility for my personally assume that responsibility or
I further understand that if my City employment is advisecondary employment will be revoked. I am also aware this authorization at any time based on the operational needs	at my appointing authority may revoke
Berner Jakele Employee Signature	1-30-12_ Date
AUTHORIZED BY:	2/1/2
APPOINTING AUTHORITY	DATE 2 7 12
DEPARTMENT DIRECTOR	DATE
EVOTOES IAMIIADV 21, 2005 (NOTE: Annroyal mus	t he renewad senually)

EXPIRES JANUARY 31, 2009 (NOTE: Approval must be renewed annually)

13

Certificate of Coverage

Page 1 of 1

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Bureau of Workers' Compensation

30 W. Spring St Columbus, OH 43215

Certificate of Premium Payment

This certifies the employer listed below has peld into the Ohio State insurance Fund es required by law. Therefore, the employer is snittled to the rights and benefits of the fund for the period specified. For more information, call 1-800-OHIOBWC.

This certificate must be conspicuously posted.

Policy No. and Employer

Period Specified Below

1437329

09/21/2011 Thru 02/29/2012

B&B WINDOWS 3085 W 155TH CLEVELAND, &

ohlobwo.com

You can reproduce this eartificate as needed,

Ohio Bureau of Workers' Compensation

Required Posting

Effective Oct. 13, 2004, Section 4123.54 of the Ohio Revised Code requires notice of rebuttable presumption. Rebuttable presumption means an employee may dispute or prove untrue the presumption (or belief) that alcohol or a controlled substance not prescribed by the employee's physician is the proximate cause (main reason) of the work-related Injury.

The burden of proof is on the employee to prove the presence of sicohol or a controlled substance was not the proximate cause of the work-related injury. An employee who tests positive or refuses to submit to chemical testing may be disqualified for compensation benefits under the Workers' Compensation Act. and

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Bureau of Workers' Compensation

You must post this long uppe with the continue of promison payment.

DF-29 BWC-1629 7/7/08

City of Cleveland Memorandum Frank G. Jackson, Mayor

TO:

Martin L. Flask, Director

Department of Public Safety

FROM:

Paul Stubbs, Chief

Division of Fire

SUBJECT: Secondary Employment Request of

Andrew Gorski (Employee Name)

Date:

February 28, 2012

I reviewed the attached request to engage in Secondary Employment. After careful consideration, I recommend it be

Approved

Disapproved

APR 2012

Chief, Division of Fire

Date

Approved

Disapproved

Martin L. Flask, Director

Date



NAME: Andrew Gorsk;	CLASSIFICATION:
DEPARTMENT: Public SAFETY	DIVISION: Fire
SECONDARY EMPLOYER NAME/ADDRESS/PHONE	NUMBER
Self Employed - And	Ireu Gorski
Miracle Method Surface	Refinisking.
JOB TITLE: OWNER	
TYPES OF DUTIES PERFORMED: Supern	ise Employees, order Materials
HOURS TO BE WORKED: < Zo hou	
actions or any liability resulting therefrom, and the obtain other liability insurance.	, the City of Cleveland has no responsibility for my lat I must personally assume that responsibility or
I further understand that if my City employer secondary employment will be revoked. I am all this authorization at any time based on the open	ment is adversely affected, my authorization for so aware that my appointing authority may revoke rational needs of the department/division.
	12-1-11
Employee Signature	Date
AUTHORIZED BY:	2/24/12
APPOINTING AUTHORITY, TOMO, 14/	DATE
DEPARTMENT DIRECTOR	DATE.

EXPIRES JANUARY 31, 2045

(NOTE: Approval must be renewed annually)

Ohio

Bureau of Workers' Compensation

30 W. Spring St. Columbus, OH 43215

Certificate of Fremium Payment

This certifies the employer listed below has paid into the Ohio State Insurance Fund as required by law. Therefore, the employer is entitled to the rights and benefits of the fund for the period specified. For more information, call 1-800-OHIOBWC.

This certificate must be conspicuously posted.

Policy No. and Employer

Period Specified Below

1537949

2166714404

07/01/2011 THRU 02/29/2012

GORSKI E SA MIRACLE

CNL

PARMA OH

mga.avvdcida

You can reproduce this certificate as needed.

Ohio Bureau of Workers' Compensation

Required Posting

Effective Oct. 13, 2004, Section 4123.54 of the Ohio Revised Code requires notice of rebuttable presumption. Rebuttable presumption means an employee may dispute or prove untrue the presumption (or belief) that elcohol or a controlled substance not prescribed by the employee's physician is the proximate cause (main reason) of the work-related injury.

The burden of proof is on the employee to prove the presence of alcohol or a controlled substance was not the proximate cause of the work-related injury. An employee who tests positive or refuses to submit to chemical testing may be disqualified for compensation and benefits under the Workers' Compensation Act.



Bureau of Workers' Compensation

You must post this language with the certificate of premium payment.



City of Cleveland Memorandum Frank G. Jackson, Mayor

Division SUBJECT: Secon Date: I reviewed the att After careful consi	tubbs, Chief on of Fire dary Employment Otis Howell (Employee Name lanuary 30, 2012 ached request to enderation, I recomm	ngage In Secondary Employmen	nt.
Date:	Otis Howell (Employee Name January 30, 2012 ached request to er	ngage In Secondary Employmen	nt.
I reviewed the att After careful consi	(Employee Name January 30, 2012 ached request to er	ngage In Secondary Employme	nt.
I reviewed the att After careful consi	ached request to er	ngage In Secondary Employme	nt.
After careful consi	ached request to er deration, I recomm	ngage In Secondary Employmen nend it be	nt.
□ App			
//1/0	roved	Disapproved	
Chief, Division of	Fire	//30/12 Date	
€App	proved	Disapproved	
M	Man	3 1 JAN 2012	
Martin L. Flask, D	irector	Date	

cc:



NAME: Otis Howell, Jo.	CLASSIFICATION: FGF
DEPARTMENT: Public Safety	DIVISION: Fine
Aerom Ag 2000 CLE	
6030 CArgo Rd. Cleve.	04 44135
JOB TITLE: Technician TYPES OF DUTIES PERFORMED: De-ice	
TYPES OF DUTIES PERFORMED: De-124	Air Planes
· · ·	#1 *
HOURS TO BE WORKED: 05 15 - 13 4	5 Zy week.
I am aware that in my secondary employment, actions or any liability resulting therefrom, and the obtain other liability insurance.	, the City of Cleveland has no responsibility for my lat I must personally assume that responsibility or
	ment is adversely affected, my authorization for so aware that my appointing authority may revoke rational needs of the department/division.
Otes 7 Lawell, In.	1-24-12
Employee Signature	Date
AUTHORIZED BY:	1/30/10
APPOINTING AUTHORITY	DATE
DEPARTMENT DIRECTOR	DATE

Expires Jan 31, 2013



Michelle Saylor Aeromag2000-CLE P.O. Box 81256 Cleveland, Ohio 44181-0256

To whom it may concern:

This letter confirms that Aeromag 2000 CLE LLC has active workers compensation coverage through the Bureau of Workers Compensation for all current employees. The Bureau of Workers Compensation Risk/Policy # for Aeromag is 01562675000. If you have any questions, please call Michelle Saylor, Controller, at 216-267-7172.

 $\mathcal{D}_{\frac{1}{2}}$

Sincerely,

Michelle Saylor

Acromag 2000 CLE, LLC P.O. Box \$1256 Cleveland, Ohio 44181-0256



City of Cleveland Memorandum

Frank G. Jackson, Mayor

TO:

Martin L. Flask, Director

Department of Public Safety

FROM:

Paul Stubbs, Chief

Division of Fire

SUBJECT:	Secondary	Employment	Request of

Charles Jack (Employee Name)

Date:

January 23, 2012

I reviewed the attached request to engage in Secondary Employment. After careful consideration, I recommend it be

Approved

Disapproved

Chief, Division of Fire

Date

☑Approved

Disapproved

Marie 1/30/1010

3 9 JAN 2012

Martin L. Flask, Director

Date



NAME:	Charles Jack	CLASSIFICATION:	Licutenant of Fire
DEPARTMENT	Fublic Safety	DIVISION: <u>Fire</u>	
SECONDARY	EMPLOYER NAME/ADDRESS	/PHONE NUMBER	
Aeromag 200 6030 Cargo I Cleveland, O 216-267-717	Rd. H 44135		
JOB TITLE: [Oriver		
TYPES OF D	JTIES PERFORMED:		
operation of	deicing equipment at Clevel	and Hopkins airport	
I am aware	that in my secondary emp	<20 hrs per week average of the companient of	nd has no responsibility for my ly assume that responsibility or
	liability insurance.		
secondary e	mployment will be revoked	r employment is adversely I. I am also aware that my a the operational needs of the C	affected, my authorization for ppointing authority may revoke Department/Division.
			1/11/12
Employee Sig	gnature		Date
AUTHORIZE	BY:		1/24/1-
APPOINTING	AUTHORITY		DATE
	Malian		
DEPARTMEN	T DIRECTOR		DATÉ

EXPIRES JANUARY 31,2013

(NOTE: Approval must be renewed annually)



Michelle Saylor Aeromag2000-CLE P.O. Box 81256 Cleveland, Ohio 44181-0256

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Sincerely,

Michelle Saylor



City of Cleveland Memorandum Frank G. Jackson, Mayor

то:	Martin L. Flask, Director Department of Public Safe	ety	
FROM:	Paul Stubbs, Chief Division of Fire		
SUBJECT:	Secondary Employmen	t Request of	
	David Kebbel		
	(Employee Name)	
Date:	January 6, 2011		
	the attached request to en ul consideration, I recomm	ngage in Secondary Employ end it be	– /ment
	Approved	Disapproved	
Chief, Divis	SHIP .	//2//2 Date	
	1		
	Approved	Disapproved	
hart	DApproved L. Flah	1 7 JAN 2017	
Martin L. F	lask, Director	Date	



NAME: DAVID C. KABUI	CLASSIFICATION: CAST.
DEPARTMENT: SAFETY	DIVISION: Fire
SECONDARY EMPLOYER NAME/ADDRESS/PHOI	
6030 CA260 RD, Closer Obt.	
216-789~3553 JOB TITLE: DEICETE TYPES OF DUTIES PERFORMED: DEICH	
TYPES OF DUTIES PERFORMED:	NG OF AIRPINES
HOURS TO BE WORKED: 20 has	
	ent, the City of Cleveland has no responsibility for my nd that I must personally assume that responsibility or
I further understand that If my City emp secondary employment will be revoked. I an this authorization at any time based on the op	ployment is adversely affected, my authorization for n also aware that my appointing authority may revoke perational needs of the department/division.
D C C C Employee Signature	1/12/12.
AUTHORIZED BY:	
APPOINTING AUTHORITY	DATE
DEPARTMENT DIRECTOR	DATE

EXPIRES JANUARY 31, 2013 (NOTE: Approval must be renewed annually)



Michelle Saylor Aeromag2000-CLE P.O. Box 81256 Cleveland, Ohio 44181-0256

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Michelle Saylor

Michelle Saylor



City of Cleveland Memorandum Frank G. Jackson, Mayor

TO:	Martin L. Flask, Director Department of Public Safe	≘ty
FROM:	Paul Stubbs, Chief Division of Fire	
SUBJECT:	Secondary Employmen	t Request of
	<u>Christopher k</u> (Employee Name	
Date:	January 23, 2012	
	ul consideration, I recomm	ngage in Secondary Employment. iend it be Disapproved Date
	Approved	Disapproved
	median	3 0 JAh 2012
Martin L. F	lask, Director	Date



NAME:	Christopher Keener	CLASSIFICATION: Lieutenant of Fire
DEPARTMENT:	Public Safety	DIVISION: Fire
SECONDARY EN	MPLOYER NAME/ADDRESS/PHONE N	IUMBER
Aeromag 2000 6030 Cargo Rd Cleveland, OH 216-267-7172	-	
JOB TITLE: De	-lcing techniclan	
TYPES OF DUT	IES PERFORMED:	
operation of de	icing equipment at Cleveland Hopki	ns airport
HOURS TO BE	WORKED: <	20 hrs per week average
I am aware th	nat in my secondary employment,	the City of Cleveland has no responsibility for my
	liability resulting there from, and in ability insurance.	that I must personally assume that responsibility or
secondary em	ployment will be revoked. I am al	ment is adversely affected, my authorization for so aware that my appointing authority may revoke tional needs of the Department/Division.
Murtin	un Aklemie	1-18-12
Employee Signa	ature	Date
AUTHORIZED	Y: S	1/24/12
APPOINTING A	UTHORITY	DATE
DEPARTMENT	DIRECTOR	DATE

EXPIRES JANUARY 31, $201\cancel{2}3$ (NOTE: Approval must be renewed annually)



Michelle Saylor Aeromag2000-CLE P.O. Box 81256 Cleveland, Ohio 44181-0256

To whom it may concern:

This letter confirms that Aeromag 2000 CLE LLC has active workers compensation coverage through the Bureau of Workers Compensation for all current employees. The Bureau of Workers Compensation Risk/Policy # for Aeromag is 01562675000. If you have any questions, please call Michelle Saylor, Controller, at 216-267-7172. Sincerely,

Michelle Saylor
Michelle Saylor



City of Cleveland Memorandum Frank G. Jackson, Mayor

TO:	Martin L. Flask, Director Department of Public Safety	
FROM:	Paul Stubbs, Chief Division of Fire	
SUBJECT:	Secondary Employment Re	equest of
	Patrick Kelly (Employee Name)	
Date:	January 30, 2011	
	the attached request to enga al consideration, I recommend	ge în Secondary Employment I it be
	Approved	Disapproved
Chief, Divis	sion of Fire	<u>//3//12</u> Date
	Approved	Disapproved
	notion	3 1 JA., Zuiz
Martin L. Fl	lask, Director	Date

An Fairs! Annachinity, Emplana

CC:



NAME:	Patrick Kelly	CLASSIFICATION: _	Assistant Chief
DEPARTMENT:	Public Safety	DIVISION: Fire	
SECONDARY E	MPLOYER NAME/ADDRESS/	PHONE NUMBER	
Cuyahoga Con 11000 Pleasan Parma, Ohio 4			
JOB TITLE: <u>Fi</u> r	e Instructor		
TYPES OF DUT	TES PERFORMED:		
Instruct Fire A	cademy students in the fund	lamentals of firefighting	
I am aware ti	nat In my secondary empl	4-20 hours/week	l has no responsibility for m
	liability resulting there fro ability insurance.	m, and that I must personally	assume that responsibility o
secondary em	ployment will be revoked.	employment is adversely af I am also aware that my app he operational needs of the De	pointing authority may revok
Vat	in Jolally		1-20-12
Employee Sign	ature ()	ATTA 33 1985 (1985)	Date
AUTHORIZED	BY		1/31/12
APPOINTING A	AUTHORITY		DATE
DEPARTMENT	DIRECTOR		DATE

EXPIRES JANUARY 31, 2012 (NOTE: Approval must be renewed annually)



Medical Providers Billing Information Notice

Effective September 1, 2008 Cuyahoga Community College has been granted the privilege of self-insurance in its Workers' Compensation program. As such, all bills will be processed through the College. Effective July 1, 2010, CareWorks Consultants Inc. ("CCI") is the third party administrator for workers' compensation for the College. Please submit bills to:

CareWorks Consultants Inc.

5500 Glendon Court

Dublin, OH 43016

Phone # 1-800-837-3200

FAX # 614-764-7629

Medical only claims, those with less than seven days lost time no longer need to be filed with the Ohio Bureau of Workers' Compensation. Completed First Report of Injury (FROI) forms should be forwarded to the College instead of the Bureau of Workers' Compensation. Your cooperation will ensure that the bills will be paid in an expedient manner, utilizing the Ohio Bureau of Workers' Compensation FEE guidelines.

Any questions regarding billings may be directed to the College at: (216) 987-4795.



City of Cleveland Memorandum Frank G. Jackson, Mayor

TO:	Martin L. Flask, Director Department of Public Safety	
FROM;	Paul Stubbs, Chief Division of Fire	
SUBJECT:	Secondary Employment R	equest of
	James Kennedy (Employee Name)	
Date:	January 30, 2012	
	the attached request to enga ul consideration, I recommen	nge in Secondary Employment. d it be
	☐ Approved	Disapproved
Chief, Divis	sion of Fire	// <i>30/12</i> Date
	⊘ Approved	Disapproved
	MARON /3/2012	3 1 JAN 2012
Martin L. F	lask, Director	Date

as passed on the continue

cc:

Chlef Stubbs: After Decision



NAME;	James Kennedy	CLASSIFICATION:	FGF
DEPARTMENT:	Public Safety	DIVISION: Fire	180
SECONDARY E	MPLOYER NAME/ADDRESS	PHONE NUMBER	
Patriot Constru PO Box 1165 Bath, Ohio 442 1-330-666-526	210		
JOB TITLE: Ca	rpenter	A. S. Martin Corp.	
TYPES OF DUT	TIES PERFORMED:		
Carpentry			
HOURS TO BE	WORKED:	20 hrs	
actions or any	hat in my secondary emp liability resulting there fr ability insurance.	ployment, the City of Clevelar rom, and that I must personall	id has no responsibility for my y assume that responsibility or
secondary em	ployment will be revoked		affected, my authorization for pointing authority may revoke epartment/Division.
	ature	>	1-25-12
			Date
AUTHORIZED	11/1		1/30/12
APPOINTING A	AUTHORITY	- Sansania II-landa	DATE
DEPARTMENT	DIRECTOR		DATE

(NOTE: Approval must be renewed annually)

03/2010

EXPIRES JANUARY 31, 2013



Tuesday, January 10, 2012

James E. Kennedy is currently employed by Patriot Construction Services, Inc and is covered under our worker compensation coverage during his employment.

See attached current BWC certificate.

To Whom It May Concern,

Feel free to contact me directly with any questions regarding this matter.

Respectfully Submitted,

Thomas No Harlukowicz
Patriot Construction Services, Inc.

President 11



Bureau of Workers' Compensation

30 W. Spring St., Columbus, OH 43215

Certificate of Premium Payment

This certifies the employer listed below has paid into the Ohio State Insurance Fund as required by law. Therefore, the employer is entitled to the rights and benefits of the fund for the period specified. For more information, call 1-800-OHIOBWC.

This certificate must be conspicuously posted.

Policy No. and Employer

Period Specified Below

1532125

07/01/2011 Thru 02/29/2012

PATRIOT CONSTRUCTION SERVICES INC PO BOX 1165 BATH, OH 44210-1165

ohiobwc.com

Steph Buel

You can reproduce this certificate as needed.

Ohio Bureau of Workers' Compensation

Required Posting

Effective Oct. 13, 2004, Section 4123.54 of the Ohio Revised Code requires notice of rebuttable presumption. Rebuttable presumption means an employee may dispute or prove untrue the presumption (or belief) that alcohol or a controlled substance not prescribed by the employee's physician is the proximate cause (main reason) of the work-related injury.

The burden of proof is on the employee to prove the presence of alcohol or a controlled substance was not the proximate cause of the work-related injury. An employee who tests positive or refuses to submit to chemical testing may be disqualified for compensation and benefits under the Workers' Compensation Act.

Ohio

Bureau of Workers' Compensation

You must post this language with the certificate of premium payment.

DP-29 BWC-1629 7/7/08



City of Cleveland Memorandum Frank G. Jackson, Mayor

TO:	Martin L. Flask, Director Department of Public Safe	ty	
FROM:	Paul Stubbs, Chief		
	Division of Fire		
SUBJECT:	Secondary Employment	Request of	
	Preston King-F	<u>Bey</u>	
	(Employee Name)		
Date:	January 30, 2012		
	the attached request to en ul consideration, I recomme	The same of the sa	ployment.
	Approved	Disapproved	
00	100	./ /	
Chief Divis		1/30/12	
Chier, Divis	sion of Fire	Date	
	[d]Approved	Disapproved	
	Approved //	Disapproved 3 1 JAN 2012	
	modar /3/2012	2 1 2411 5211	
Martin L. F	lask, Director	Date	
cc: Chief	f Stubbe: After Decision		

all manual expensionalities multilines



NAME: Freston D. King-Bey	CLASSIFICATION: FireModic
DEPARTMENT: Public Safety	DIVISION: Fire
SECONDARY EMPLOYER NAME/ADDRESS/PH	HONE NUMBER
Cuyahoga County-CECOMS	
1255 Euclid Ave. 216-771-1	363
30B TITLE: 911 Operator	
TYPES OF DUTIES PERFORMED:	
emergency call taker, amber	alerts, EAS alerts, East,
HOURS TO BE WORKED: 16 hours a	week
	ment, the City of Cleveland has no responsibility for my , and that I must personally assume that responsibility or
secondary employment will be revoked. I	mployment is adversely affected, my authorization for am also aware that my appointing authority may revoke operational needs of the Department/Division.
Prest D. Ring Bey Employee Signature	1-24-2012 Date
AUTHORIZED BY:	1/30/12
APPOINTING AUTHORITY	DATE
DEPARTMENT DIRECTOR	DATE

EXPIRES JANUARY 31,2012

(NOTE: Approval must be renewed annually)

STATE OF OHIO

BUREAU OF WORKERS' COMPENSATION

COLUMBUS, OHIO 43215-2256

CERTIFICATE OF PREMIUM PAYMENT

This certifies that the employer listed below has paid into the State Insurance Fund as required by law. Therefore, the employer is entitled to the rights and benefits of the fund for the period specified. For more information call 1-800-OHIOBWC.

THIS CERTIFICATE MUST BE CONSPICUOUSLY POSTED.

POLICY NO. AND EMPLOYER

PERIOD SPECIFIED BELOW

31800001-0

NO EXPIRATION DATE

CUYAHOGA COUNTY COMMISSIONER HUMAN RESOURCE DEPARTMENT 112 HAMILTON AVE FL 2 CLEVELAND OH 44114

DP-22

BWC - 1622 (REV. 3/35)

012618965

THIS CERTIFICATE MAY BE REPRODUCED AS NEEDED

04/00



City of Cleveland Memorandum Frank G. Jackson, Mayor

то:	Martin L. Flask, Director Department of Public Safety	
FROM:	Paul Stubbs, Chief	
	Division of Fire	
SUBJECT:	Secondary Employment R	lequest of
	<u>Marlo Kotik</u> (Employee Name)	
Date:	January 23, 2012	
	the attached request to enga ul consideration, I recommen	age in Secondary Employment. d it be
	☐ Approved	Disapproved
De		1/30/12
Chief, Divis	sion of Fire	Date
	 ⚠ Approved	Disapproved
	mohan By /2012	3 1 JAN 2612
Martin L. F	lask, Director	Date



NAME: MANIS KOTI	CLASSIFICATION: FGF
DEPARTMENT: Poblic SAF	ery division: Fire
SECONDARY EMPLOYER NAME/ADDI	
Lero Mag 200	0
Lero Mag 200 6030 CArgo	Lo
JOB TITLE: Plave De	icet :
TYPES OF DUTIES PERFORMED:	Deicing of Planes
-	
HOURS TO BE WORKED:	8 hrs week.
I am aware that in my secondary actions or any liability resulting ther obtain other liability insurance.	employment, the City of Cleveland has no responsibility for mefrom, and that I must personally assume that responsibility of
secondary employment will be rev	City employment is adversely affected, my authorization fooked. I am also aware that my appointing authority may revoked on the operational needs of the department/division.
Mario hotis	Jan 26 2012
Employee Signature	Date
AUTHOPIZED BY:	
APPOINTING AUTHORITY	//30/12 DATE
DEPARTMENT DIRECTOR	DATE

EXPIRES JANUARY 31, 2009

(NOTE: Approval must be renewed annually)



Michelle Saylor Aeromag2000-CLE P.O. Box 81256 Cleveland, Ohio 44181-0256

To whom it may concern:

This letter confirms that Aeromag 2000 CLE LLC has active workers compensation coverage through the Bureau of Workers Compensation for all current employees. The Bureau of Workers Compensation Risk/Policy # for Aeromag is 01562675000. If you have any questions, please call Michelle Saylor, Controller, at 216-267-7172.

Sincerely,

Michelle Saylor



City of Cleveland Memorandum Frank G. Jackson, Mayor

то:	Martin L. Flask, Director Department of Public Safety	•
FROM:	Paul Stubbs, Chief Division of Fire	
SUBJECT:	Secondary Employment F	Request of
	Richard Kovacic (Employee Name)	
Date:	February 6, 2012	
	the attached request to engular consideration, I recommend	age in Secondary Employment id it be Disapproved
Chief, Divis	sion of Fire	_2/6/12 Date
	DApproved	Disapproved
hart 1 Martin L. F	Iask, Director	Date



NAME: BICHARD FOURCIC	CLASSIFICATION: LIEUTENANT
DEPARTMENT: TIRE	DIVISION: SATELY
SECONDARY EMPLOYER NAME/ADDRESS/PHONE N	
CLEVETOND CLINIC 9.	500 EUCLID AUE
CLEVELAND OHIO	
- 440 824 6119	
JOB TITLE: 7 MONTH SOL	
TYPES OF DUTIES PERFORMED:	ENCY MEDICAL
HOURS TO BE WORKED: Some Solutions of any liability resulting therefrom, and to obtain other liability insurance.	, the City of Cleveland has no responsibility for my that I must personally assume that responsibility or
	ment is adversely affected, my authorization for iso aware that my appointing authority may revoke ational needs of the department/division.
The state of the s	1-30-12
Employee Signature	Date
AUTHORIZED BY:	2/1/13
APPOINTING AUTHORITY	DATE
Mart L. Flah WR DEPARTMENT DIRECTOR	2-7-12 DATE
つける EXPIRES JANUARY 31, 2009 (NOTE: Ap	proval must be renewed annually)

WORKERS COMP CERTIFICATE ON FILE



Columbus, OH 43215-2258

Governor John R. Kasich Administrator/CEO Stephen Buehrer phiobwc.com 1-800-OHIOBWC

CERTIFICATE OF EMPLOYER'S RIGHT TO PAY COMPENSATION DIRECTLY

To be posted in employer's place or places of employment in compliance with Sec. 4123.83 of the Ohio Revised Code. Any employer requiring more than one copy of this certificate, may reproduce as many copies of the certificate (without any alterations or changes) as required.

Policy No. & Employer 20002978

THE CLEVELAND CLINIC FOUNDATION 25875 SCIENCE PARK DR # AC118 BEACHWOOD, OH 44122

Period	d Specified Belov	W
1st	DAY OF	January 2012
Ist	DAY OF	January 2013

Subs

20002978-1	GLEVELAND CLINIC HOME CARE SERVICES
20002978-9	CLEVELAND CLINIC CHILDREN'S HOSPITAL FOR REHABILITATION
20002978-10	CLINIC REGIONAL PHYSICIANS LLC
20002978-11	MEDINA HOSPITAL
20002978-12	MARYMOUNT HOSPITAL, INC.
20002978-13	LAKEWOOD HOSPITAL ASSOCIATION
20002978-14	CLEVELAND CLINIC HEALTH SYSTEM - EAST REGION (Huron, Euclid, Hillcrest & South Pointe Hospitals)
20002978-15	CLINIC CARE, INC.
20002978-16	CLEVELAND CLINIC HEALTH SYSTEM - WESTERN REGION
20002978-17	LUTHERAN HOSPITAL
20002978-18	FAIRVIEW HOSPITAL
20002978-19	CCF HOTEL SERVICES, INC.

THIS IS TO CERTIFY that on date hereof the above named employer having met the requirements provided in Section 4123.35 of the Ohio Revised Code has been granted authority by the administrator to pay compensation directly to its injured or dependents of killed employees as provided in said Section for the period above set forth.

Stephen Buehrer

Administrator/CEO



Columbus, OH 43215-2256

Governor John R. Kasich Administrator/CEO Stephen Buehrer

phiobwc.com 1-800-OHIOBWC

CERTIFICATE OF EMPLOYER'S RIGHT TO PAY COMPENSATION DIRECTLY

To be posted in employer's place or places of employment in compliance with Sec. 4123.83 of the Ohio Revised Code. Any employer requiring more than one copy of this certificate, may reproduce as many copies of the certificate (without any alterations or changes) as required.

Policy No. & Employer 20002978

THE CLEVELAND CLINIC FOUNDATION 25875 SCIENCE PARK DR # AC118 BEACHWOOD, OH 44122

Period Specified Below

DAY OF lst

January 2012

DAY OF 1st

January 2013

20002978-20

CLEVELAND CLINIC HOME CARE

20002978-21

CLEVELAND CLINIC MEDICAL SERVICES, INC. (d/b/a Allogen Laboratories)

THIS IS TO CERTIFY that on date hereof the above named employer having met the requirements provided in Section 4123.35 of the Ohio Revised Code has been granted authority by the administrator to pay compensation directly to its injured or dependents of killed employees as provided in said Section for the period above set forth.

Stephen Buehrer

Administrator/CEO



City of Cleveland Memorandum Frank G. Jackson, Mayor

TO:	Martin L. Flask, Director Department of Public Safety	
FROM:	Paul Stubbs, Chief Division of Fire	
SUBJECT:	Secondary Employment Re Fire Investigation Unit	quest
	Richard Kovacic_	(Employee Name)
Date:	February 6, 2012	
I reviewed the attached request to engage in Secondary Employment. After careful consideration, I recommend it be		
	Approved	Disapproved
M	Still	2/6/12
Chief, Divis	sion of Fire	Date
	☑Approved	Disapproved
Miclaus Chief, Divi	Mr Ssath Chif sion of Police	<i>Z-/7-/Z</i>
	Manal Solbar	Disapproved
Martin L. F	Flask, Director	Date

SECONDARY EMPLOYMENT REQUEST FORM FOR MEMBERS OF ARSON

afully request permission (NEW REQUEST RENEWAL) to ongage in social form
ne: RicHARD Kouncic Rank: LT Badge: FF39 Date of Appointment: 1-10-11
Present assignment: Office Car 713
Employer: DECO INC Address: 13850 Bluesiem City: Braile M. Type of Business: 5ECORITY
Address of Secondary Employment: 1240 £ 912 57 Nature of Duties: SECURITY
Cleveland Arson Unit Uniform Worn: Departmental Issue Other Authorized Civilian Dress
Description of Firearm: 5n172 NESSOM MP40Serial #: MRN 1231 Requalification Date: (-24-1/
I am aware that in my secondary employment, the City of Cleveland has no responsibility for my actions or any liability resulting there from, and that I must personally assume that responsibility or obtain other liability insurance.
Worker's compensation coverage letter attached. I assume responsibility for worker's compensation coverage for injuries received while engaged in secondary employment. My coverage letter is attached.
Duration of Employment: 8 Hove 54175 Maximum number of hours per week: 20
I understand that the combined total hours for all secondary employment shall not exceed 20 hours in a one-week period, accumulated at a rat of not more than 12 hours on a scheduled day off, nor more than six hours on a work day.
Other Secondary Employment: Employer: Address: Weekly Hours:
Employer Address: Weekly Hours:
Do employment duties consist of the direct/indirect dispensing of intoxicating liquor or malt beverages? Yes No. Will this employment involve such duties as verification of age for the purchase of intoxicating liquor or malt beverages or security within or at the entrance/exit of the permit premises? Yes No.
I understand that if the answer to the above questions is "yes" permission to engage in secondary employment will be denied. Information furnished in this request is accurate and I understand that I am subject to disciplinary action if I misrepresent the nature of the secondary employment.
I understand that I shall have my issued OC spray, ASP baton and Taser on my person and shall wear CPD issued body armor when working secondary employment of a police nature. I understand that I cannot carry or use Division firearms and intermediate weapons for secondary employment outside the City of Cleveland.
I understand that authorization to engage in secondary employment expires annually on the 31" of January. Members shall submit renewal requests between December 1 and January 31 each year. All renewal requests must be received by the Chief's Office no later than January 31 each year.
Print Members Name: Picitaria Source Signature: Date: 1-30-
Arson Unit Chief: /// Approved: Denied: Denied: Denied:
Chief, Division of Fire: Date: 2/1/2 Approved: Denied:
Chief, Division of Police: Mclas Mc Seath Chief Date: Z-17-12 Approved: Denied:
Comments:
Approval: SAFETY DIRECTOR Date:

(Certificate of Coverage)

Page 1 of 1

Ohio Bureau of Workers'

30 W. Spring St. Columbus, OH 43215

Certificate of Premium Payment

This certifies the employer listed below has paid into the Ohio State Insurance Fund as required by law. Therefore, the employer is entitled to the rights and benefits of the fund for the period specified. For more information, call 1-800-OHIOBWC.

This cartificate must be conspicuously posted.

Policy No. and Employer

Period Specified Below

1416405

07/01/2011 Thro 02/29/2012

DECO INC DECO SECURITY SERVICES 13850 BLUESTEM (1440) BAXTER, MN 56426 (3.10

ohłobwe.com

Steph Buelian

You can reproduce this certificate as needed,

Ohio Bureau of Workers' Compensation

Required Posting

Effective Oct. 13, 2004, Section 4123.54 of the Onio Revised Code requires notice of rebuttable presumption. Rebuttable presumption means an employee may dispute or prove untrue the presumption (or bellef) that alcohol or a controlled substance not prescribed by the employee's physician is the proximate cause (main reason) of the work-related injury.

The burden of proof is on the employee to prove the presence of alcohol or a controlled substance was not the proximate cause of the work-related injury. An employee who tests positive or refuses to submit to chemical testing may be disqualified for compensation and benefits under the Workers' Compensation Act.

Ohio

Bureau of Workers' Compensation

You must post this language with the carillians of promium payment.

DP-29 BWC-1629 7/7/08



TO:

Martin L. Flask, Director

Department of Public Safety

FROM:

Paul Stubbs, Chief

Division of Fire

SUBJECT: Secondary Employment Request of

John Koz (Employee Name)

Date:

February 6, 2012

I reviewed the attached request to engage in Secondary Employment. After careful consideration, I recommend it be

Approved

Disapproved

Chief, Division of Fire

Date

Approved

Disapproved

@ 7 FEE 2012

Martin L. Flask, Director

Date



NAME:	CLASSIFICATION: 1 11 F-19 11 E
DEPARTMENT: Public Safety	DIVISION: Fire
SECONDARY EMPLOYER NAME/ADDRESS/PHONE JOHN KOZ SEJF EMP	ployed
, B	Ay Village, of
JOB TITLE: SEIF Employed	Residential Applaiser
TYPES OF DUTIES PERFORMED:	•
RESIDENTIAL App.	AisAls
I am aware that In my secondary employmen	Shas A West (9:00 Am will at, the City of Cleveland has no responsibility for my dight that I must personally assume that responsibility or
I further understand that If my City employees secondary employment will be revoked. I am this authorization at any time based on the ope	
Employee Signature	1/21/12 Date
AUTHORIZED BY	2/6/12
APPOINTING AUTHORITY Martin 1 Flath M	DATE 2-7-12
DEPARTMENT DIDECTOR	DATE

Ohio

Bureau of Workers' Compensation

30 W. Spring St. Columbus, OH 43215

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This certificate must be conspicuously posted.

TEMPORARY CERTIFICATE

Period Specified Below

CONFIRMATION NUMBER: 283665529 APPLICATION NUMBER: 75508698

2/3/2012 Thru 8/31/2012

John Koz Appraisals

Bay Village, OH

ohiobwc.com

Steph Buch

You can reproduce this certificate as needed.

Ohio Bureau of Workers' Compensation

Required Posting

Effective Oct. 13, 2004, Section 4123.54 of the Ohio Revised Code requires notice of rebuttable presumption. Rebuttable presumption means an employee may dispute or prove untrue the presumption (or belief) that alcohol or a controlled substance not prescribed by the employee's physician is the proximate cause (main reason) of the work-related injury.

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Ohio

Bureau of Workers' Compensation

You must post this language with the certificate of premium payment.

DP-29 BWC-1629 7/7/08



Martin L. Flask, Director TO: Department of Public Safety Paul Stubbs, Chief FROM: Division of Fire SUBJECT: Secondary Employment Request of Victor Lewis (Employee Name) February 6, 2012 Date: I reviewed the attached request to engage in Secondary Employment. After careful consideration, I recommend it be Approved Disapproved Chief, Division of Fire Date Disapproved 9 7 FEB 25" Martin L. Flask, Director Date



NAME:	Victor Lewis	CLASSIFICATION:	FGF
DEPARTMENT:	Public Safety	DIVISION: Fire	:
SECONDARY E	MPLOYER NAME/ADDRESS/	PHONE NUMBER	
AeroMag2000 6030 Cargo Rd Cleveland, OH			
JOB TITLE: Air	craft Deicer		
TYPES OF DUT	TIES PERFORMED:		
Deice Airplane	es		
I am aware t	hat in my secondary emp	asonal employment, 0 to 16 ho	nd has no responsibility for my
actions or any	liability resulting there from ability insurance.	om, and that I must personal	lly assume that responsibility or
secondary em	iplovment will be revoked	employment is adversely . I am also aware that my a the operational needs of the D	affected, my authorization for ppointing authority may revoke Department/Division.
Employee Sign	ature 2		Date
AUTHORIZED	BY:		2/1/2
APPOINTING	AUTHORITY ,		DATE 2-/2-
menter	L. Flas Ind		2-//
DEPARTMENT	DIRECTOR		DATE

EXPIRES JANUARY 31,2013

(NOTE: Approval must be renewed annually)



Michelle Saylor Aeromag2000-CLE P.O. Box 81256 Cleveland, Ohio 44181-0256

To whom it may concern:

This letter confirms that Aeromag 2000 CLE LLC has active workers compensation coverage through the Bureau of Workers Compensation for all current employees. The Bureau of Workers Compensation Risk/Policy # for Aeromag is 01562675000. If you have any questions, please call Michelle Saylor, Controller, at 216-267-7172. Sincerely,

Michelle Saylor



TO: Martin L. Flask, Director
Department of Public Safety

FROM: Paul Stubbs, Chlef
Division of Fire

SUBJECT: Secondary Employment Request of

Chris Loftus
(Employee Name)

Date: February 6, 2012

I reviewed the attached request to engage in Secondary Employment. After careful consideration, I recommend it be

Approved

Disapproved

Martin L. Flask, Director

Chief, Division of Fire

0 7 FEB 2012

Date

Date



NAME:	Chris Loftus	CLASSIFICATION:	FGF
DEPARTMENT;	Public Safety	DIVISION: Fire	100000000000000000000000000000000000000
SECONDARY E	MPLOYER NAME/ADDRES	S/PHONE NUMBER	
Self Employed Chris Loftus	Cleveland, Ohio,		
JOB TITLE: Re	al Estate Appraiser		
TYPES OF DUT	IES PERFORMED:		
Research, colle	ct data, and view properti	es for the purpose of real estate appra	isal.
HOURS TO BE	WORKED:	12-18 per week	
I am aware th actions or any obtain other lia	ilability resulting there fr	ployment, the City of Cleveland has om, and that I must personally ass	s no responsibility for m ume that responsibility o
secondary emp	ioyment will be revoked	employment is adversely affect. I am also aware that my appoint the operational needs of the Depart.	lan authority may be be
C			1-79-17
Employee Signat	ure	Dat	e
AUTHORIZED B		>	2/1/10
APPOINTING AU	THORITY	A DA	TE
Wart	i. Flah	~**	2/6/12 1E 2-7-12
DEPARTMENT D	IRECTOR	DA	

EXPIRES JANUARY 31, 2013

(NOTE: Approval must be renewed annually)



Bureau of Workers' Compensation

30 W. Spring St. Columbus, OH 43215

Certificate of Premium Payment

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This certificate must be conspicuously posted.

TEMPORARY CERTIFICATE

Period Specified Below

CONFIRMATION NUMBER: 283775645 APPLICATION NUMBER: 75508805

2/4/2012 Thru 8/31/2012

Christopher J Loffus

Cleveland, OH

phiobwe.com

Steph Buch

/og can reproduce this certificate as need

Ohio Bureau of Workers' Compensation

Required Posting

Effective Oct. 13, 2004, Section 4123.54 of the Ohio Revised Code requires notice of rebuttable presumption. Rebuttable presumption means an employee may dispute or prove untrue the presumption (or belief) that alcohol or a controlled substance not prescribed by the employee's physician is the proximate cause (main reason) of the work-related injury.

The burden of proof is on the employee to prove the presence of alcohol or a controlled substance was not the proximate cause of the work-related injury. An employee who tests positive or refuses to submit to chemical testing may be disqualified for compensation and benefits under the Workers' Compensation Act.

Ohio

Bureau of Workers' Compensation

You must post this language with the certificate of premium payment.

DP-29 BWC-1629 7/7/08



то:	Martin L. Flask, Director Department of Public Safet	у
FROM:	Paul Stubbs, Chief Division of Fire	
SUBJECT:	Secondary Employment	Request of
	Michael Majerc (Employee Name)	<u>ak</u>
Date:	January 30, 2012	
	the attached request to engul consideration, I recomme	gage in Secondary Employment. Ind it be Disapproved
Chief, Divis	Sion of Fire	//30/12 Date
	Approved Mala /31/2012	□Disapproved
Martin L. F	lask, Director	Date



NAME:	Michael E Majercak	CLASSIFICA	TION:	Captain	
DEPARTMENT	Public Safety	DIVISION:	Fire		_
SECONDARY	EMPLOYER NAME/ADDRESS/	PHONE NUMBER			
Cleveland Cli 9500 Clinic D Cleveland, Ol 440-824-6116	nio	· .			:
JOB TITLE: E	aramedic				
TYPES OF DU	TIES PERFORMED:				
ALS & BLS	oatient care				
HOURS TO B	E WORKED:	Average between 8-	20 hrs per w	eek	_
actions or an	that in my secondary emp y liability resulting there fro liability insurance.	loyment, the City of one, and that I must p	Cleveland hadersonally as:	as no responsibili sume that respor	ty for my sibility or
secondary er	derstand that if my City aployment will be revoked. ation at any time based on t	I am also aware tha	t my appoin	iting authority ma	zation for ay revoke
Mana Employee Sig	Majeral Majeral		D	1/25/12	-
AUTHORIZED APPOINTING	ZM	· · · · · ·	D.	//30/12 ATE	_
DEPARTMEN	T DIRECTOR		$\overline{\mathbf{D}}_{i}$	ATE	. '

(NOTE: Approval must be renewed annually)

EXPIRES JANUARY 31, 2013



Columbus, OH 43275-2258

Governor John R. Kasich Administrator/CEO Stephen Bushrer ohiobwe.com 1-800-OHIOBWC

CERTIFICATE OF EMPLOYER'S RIGHT TO PAY COMPENSATION DIRECTLY

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Policy No. & Employer 20002978 THE CLEVELAND CLINIC FOUNDATION 25875 SCIENCE PARK DR # AC118 BEACHWOOD, OH 44122

Period Specified Below DAY OF lst January 2012 DAY OF January 2013 lst

20002978-20

CLEVELAND CLINIC HOME CARE

20002978-21

CLEVELAND CLINIC MEDICAL SERVICES, INC. (d/b/a Allogen Laboratories)

THIS IS TO CERTIFY that on date hereof the above named employer having met the requirements provided in Section 4123.35 of the Ohio Revised Code has been granted authority by the administrator to pay compensation directly to its injured or dependents of killed employees as provided in said Section for the period above set forth.

Stephen Buehrer

Administrator/CEO



то:	Martin L. Flask, Director Department of Public Safety	
FROM:	Paul Stubbs, Chief Division of Fire	
SUBJECT:	Secondary Employment F	Request of
	Anthony Missig (Employee Name)	
Date:	January 23, 2012	
	the attached request to enga ul consideration, I recommen	age in Secondary Employment d it be
	Approved	Disapproved
Chief, Divi	sion of Fire	<u>//24//2</u> Date
	 Approved	Disapproved
(MA(a) 1/30/2012	3 g JAN 2012

Date

cc: Chief Stubbs: After Decision

Martin L. Flask, Director



NAME: Anthony Missig	CLASSIFICATION:	BC
DEPARTMENT: Public Safety	DIVISION: Fire	
SECONDARY EMPLOYER NAME/ADDRESS/PHONE N	UMBER	
D. Martens / 6900 Lake Abrams / Middleburg H	ts / 234-6000	
JOB TITLE: Medic		<u>.</u>
TYPES OF DUTIES PERFORMED:		
	7	
HOURS TO BE WORKED:	Various 4 20 7	Aug./week.
I am aware that in my secondary employment, actions or any liability resulting there from, and the obtain other liability insurance.	the City of Cleveland has nat I must personally assum	no responsibility for my ne that responsibility or
I further understand that if my City employm secondary employment will be revoked. I am also this authorization at any time based on the operati		
Matheta Allesia		6/2012
AUTHORIZED BY:	Date	_
We still		24/12
APPOINTING AUTHORITY MAN /30/2012	DATE	
DEPARTMENT DIRECTOR	DATE	

EXPIRES JANUARY 31, 2012

(NOTE: Approval must be renewed annually)



Date:

12,15,11.

To:

Whom it may concern:

Subject:

BWC coverage

This letter is to inform you that our company, Donald Martens and Sons Ambulance Service, Inc. carries complete coverage with the Bureau of Workers' Compensation for the State of Ohio. Our policy number is 88-1987 and is good through 2/29/2012. Please contact us if you have any questions.

Robert Ryan, RN

EMS Director

440-234-6000

bryan@martensambulance.com





то:	Martin L. Flask, Director Department of Public Safety	
FROM:	Paul Stubbs, Chief Division of Fire	
SUBJECT:	Secondary Employment Re Fire Investigation Unit	quest
	Richard Mizikar Jr	(Employee Name)
Date:	February 6, 2012	
	the attached request to engagul consideration, I recommend	
1	Approved	Disapproved
Chief, Divis	sion of Fire	2/6/12 Date
	Approved	□Disapproved
Miclau Chief, Divis	Ma Seath sion of Police Chif	<i>Z-17-12</i>
	⊠Approved	Disapproved
Martin L. F	Nota 7/24/5005, lask, Director	Date

SECONDARY EMPLOYMENT REQUEST FORM FOR MEMBERS OF ARSON

I respectantly request permission (MSW REQUEST MY RENEWAL) to engage in second	ary employment.
Name: R.CHARD R. MIZIKAR JR. Rank: FGF Badge: FF34	Date of Appointment; 2-1-93
Present assignment: Office Car 713	
Employer: NEWBURGH HOLLHITS Address: 4000 11) ASHINATA POSTY: NOW	Shully If Type of Business: LAW ENFRORM
Address of Secondary Employment: 407/ 6.49 Nature of	
Cleveland Arson Unit Uniform Worn: Departmental Issue Other Authorized Civil	lian Dress
Description of Firearm: GLOCK 21 Serial #: GCX 634	Requalification Date: (6/2////
I am aware that in my secondary employment, the City of Cleveland has no responsibility for and that I must personally assume that responsibility or obtain other liability insurance. Worker's compensation coverage letter attached. I assume responsibility for worker's compensation coverage for injuries received while cletter is attached.	
Duration of Employment: / YEAR Maximum number of hours per we	eck: 20
I understand that the combined total hours for all secondary employment shall not exceed 20 of not more than 12 hours on a scheduled day off, nor more than six hours on a work day.	hours in a one-week period, accumulated at a rate
Other Secondary Employment: Employer: Address:	Weekly Hours:
Employer: Address:	
 Do employment duties consist of the direct/indirect dispensing of intoxicating liquor Will this employment involve such duties as verification of age for the purchase of invithin or at the entrance/exit of the permit premises? Yes No 	r or malt beverages? Yes No
I understand that if the answer to the above questions is "yes" permission to engage in second furnished in this request is accurate and I understand that I am subject to disciplinary action employment.	dary employment will be denied. Information if I misrepresent the nature of the secondary
I understand that I shall have my issued OC spray, ASP baton and Taser on my person and sl secondary employment of a police nature. I understand that I cannot carry or use Division for employment outside the City of Cleveland.	hall wear CPD issued body armor when working rearms and intermediate weapons for secondary
I understand that authorization to engage in secondary employment expires annually on the 3 requests between December 1 and January 31 each year. All renewal requests must be receive each year.	
Print Members Name: R. OLACO MILIKAS JA. Signature: The This	1. Date: 1/27/12
Arson Unit Chief: 11/1chech & Ol BC Date: 2	11/2012 Approved: F Denied:
Chief, Division of Fire: Date: 2	Approved: Denied:
Chief, Division of Police: Mclar Mc Gratk Date: Z-1	7-12 Approved: Denied:
Comments:	
Approval: Date:	

Certificate of Coverage

Bureau of Workers' Compensation

30 W. Spring St. Columbus, OH 43215

Certificate of Premium Payment

This certities the employer listed below has paid into the Ohio State Insurance Fund as required by law. Therefore, the employer is entitled to the rights and benefits of the fund for the period specified. For more information, call 1-800-OHIOBWC.

This certificate must be conspicuously posted.

Policy No. and Employer

Period Specified Below

31815103

NEWBURGH HT

NEWBURGH HEIGHTS VILLAG 4000 WASHING TO PARK BEVE

09/08/2011 Thru 05/15/2012

chiobwc.com

You can reproduce this certificate as needed.

Ohio Bureau of Workers' Compensation

Required Posting

Effective Oct. 13, 2004, Section 4123.54 of the Ohio Revised Code requires notice of rebuttable presumption. Rebuttable presumption means an employee may dispute or prove untrue the presumption (or belief) that alcohol or a controlled substance not prescribed by the employee's physician is the proximate cause (main reason) of the work-related injury.

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Bureau of Workers' Compansation

You must post this language with the certificate of premius payment

DP-29 8WC-1629 7/7/08



VILLAGE OF NEWBURGH HEIGHTS POLICE DEPARTMENT FIREARMS REQUALIFICATION



# Duty Rou	nds issued
Indoor	
Day FRIDAY Date 10-21-11 Outdoor	
RANK PTLM Regular Part-time	
NAME MIZIMAN RICHARD R. TR. (Print: Last/First/M.I.)	
Vest Worn Yes No Duty Rig Pancake Leg Holster	Other
WEAPON INFORMATION:	
Make 7 Luck Model Z1 Caliber/Gauge	45
Barrel Length 4" Serial Number GCX 634	
Mag/Cylinder Capacity / 3 Department Owned weapon Personally Own	ned Weapon
New WeaponOff Duty Weapon	
ON THIS DATE I RECEIVED A CLASS OF INSTRUCTION AND A COPY OF WRITTEN POLICIES REF NEWBURGH HEIGHTS POLICE DEPARTMENT USE OF FIREARMS, LETHAL FORCE, AND FIREARM PROCEDURES. MY SIGNATURE INDICATES THAT I UNDERSTAND THESE POLICES.	
Officer's Signature Well 347	
1 st Requal, Session 2 nd Requal, Session 4 Hr. Training & Requ	ual. Session
Pass b Fail Fail	
nstructors Comments	
Instructors Signature PIL 5 - ALQ 05407	